SPEARE Memorial Hospital
A Critical Access Hospital

PATIENT NAME (PRINT) _____

DATE OF BIRTH ____/____/____
MONTH DAY YEAR

☐ EMPLOYEE ☐ VOLUNTEER ☐ OTHER

[ ] Speare Primary Care _____ [ ] Mid-State _____ [ ] Other PCP _____

Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination

For Patients (both children and adults) to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer "Yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your health care provider to explain it.

	Yes	No	Don't Know
1. Are you sick today?	☐	☐	☐
2. Do you have a severe allergy to eggs or to a component of the vaccine?	☐	☐	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☐	☐
4. Have you ever had a serious reaction to the influenza vaccine in the past?	☐	☐	☐
5. Have you ever had Guillain-Barre syndrome?	☐	☐	☐
6. Are you currently taking any blood thinners?	☐	☐	☐

I have read and understand the Vaccine Information Sheet and wish to have the vaccine administered.

Signature _____ Date _____

Influenza VIS sheet given : 8/15/19 _____
VIS Sheet Date

✓ **Influenza vaccine**

Lot #: _____

Exp. Date: _____

Site given: _____

Form Reviewed and Vaccine Administered by:

Signature _____ **Date/Time** _____

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Name: _____
First Middle Initial Last

Date of Birth: _____

Date: _____

Time: _____

Sex: M F Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Mailing Address: _____

_____
Town/City State Zip Code

Phone Number: (____) _____ E-mail: _____

Person to notify in case of an emergency:

_____ _____
Name Relationship

_____ _____
Phone Number Address if different from above

Insurance Information

Insurance Name: _____

Address: _____

Phone Number: _____

Policy # _____ Group # _____

Subscriber: _____ Relationship to Patient: _____

Primary Care Provider: _____

Authorization for Assignment of Benefits to SMH:

[ ] **$39.00 Flu Vaccine HCPCS: 90686 DX: Z.23 2506681/4501112**

[ ] **$73.00 Flu Vaccine HCPCS: 90662 DX: Z.23 2506688/4501112**

Patient Signature: _____ Date: _____

SMH Representative: _____ Date: _____

MSP QUESTIONS REQUIRED BY MEDICARE

Please answer the following questions if you are a recipient of Medicare.

1. Are you receiving Black Lung Benefits? **YES/NO**
   a. If yes, what date did benefits begin: _____

2. Are services related to this visit being paid for by a Government Research Program? **YES/NO**

3. Has the Department of Veterans Affairs (DVQ) authorized and agreed to pay for your care at this facility? **YES/NO**

4. Was this illness/injury due to a work related incident? **YES/NO**

5. Are you entitled to Medicare benefits based on Age, Disability, or End Stage Renal Disease?

   a. AGE:_____ DISABILITY: **YES/NO** END STAGE RENAL DISEASE: **YES/NO**

6. Are you currently employed? **YES/NO**
   a. Date of Retirement: _____

7. Do you have a spouse who is currently employed? **YES/NO**
   a. Date of Retirement: _____

8. Are you a Hospice Patient? **YES/NO**
   a. If yes, what is the Hospice company name: _____
   b. Phone Number: _____

9. Are you a Home Health Care patient? **YES/NO**
   a. If yes, what is the facility name: _____
   b. Phone number: _____

10. Are you a Resident of a Skilled Nursing Facility? **YES/NO**
    a. If yes, what is the Facility name: _____
    b. Phone Number: _____

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2 Influenza vaccine

CDC recommends everyone 6 months of age and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu.**

Influenza vaccine may be given at the same time as other vaccines.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies.**
- Has ever had **Guillain-Barré Syndrome** (also called GBS).

In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4 Risks of a vaccine reaction

- Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13), and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at **www.hrsa.gov/vaccinecompensation** or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's **www.cdc.gov/flu**